

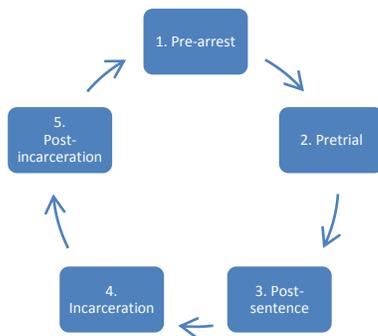
Alternatives to Incarceration (ATI): Promising Practices in Massachusetts

In 2011, the Project released a report *Exploring Alternatives to Incarceration for Women in Massachusetts*. ATI are appropriate because they are generally more effective than incarceration for the majority of women with histories of trauma, substance abuse and mental illness; and less expensive (compared to prison at \$47,000 a year). The programs outlined here are representative of a continuum of ATI options.

Defining ATI

As Figure 1 shows the definition of ATI ranges from efforts to divert offenders from the CJ system in the first place (cells 1, 2) to community-based sanctions (cell 3) and efforts to prevent imprisonment in the future (cells 4, 5).

Figure 1



The Massachusetts Department of Public Health, Bureau of Substance Abuse Services (DPH, BSAS) (Cell 1). The DPH oversees treatment for women. In 2011, over 30,000 women over the age of eighteen years received services related to substance abuse; with more than a third reporting injection drug use. Their criminal Justice status is not a factor. Figure 2 shows the characteristics of a sample of 1,000:

- More than half had been diagnosed with prior mental illness; and half of the women had children under the age of eighteen
- Almost 600 women were pregnant, and of these 80 percent had children under the age of eighteen.
- Over half of the pregnant women reported injection drug use.
- The predominant mode of care for both groups of women was outpatient care, with almost half attending these programs.
- Pregnant women required more long term residential care i.e., for longer than thirty days- 13 percent compared to 7 percent of total women.

- The cost of intensive residential treatment is \$130 per day.

Figure 2. Women Admitted to Substance Abuse Services, MA 2011

Characteristics	All Women 18 yrs. + (N=460)	Pregnant women 18 yrs. + (N=582)
Women with prior mental illness	58%	66%
Reporting injection drug use	40%	53%
Women with children under 18 yrs.	50%	80%
Children lived with them	34%	27%
Treatment		
Long term residential (over 30 days)	7%	13%
Short-term residential	33%	13%
Outpatient	23%	17%
Other	14%	3%

Reflections, Court Alternative Program (CAP, DPH-BSAS) (cells 2, 3)

This is a new program, established in 2010. It is administered by High Point Treatment Center, and provides residential services for men and women with a substance abuse disorder. Almost all referrals come from the Department of Probation and the Office of Community Corrections

- It is a 12 months program, 3 months in a residence and 9 months in the community.
- In its first year 21% of the program’s clients were female.
- There are insufficient referrals and not all 16 beds are occupied.
- **Cost data not yet available.**

Steppingstone, New Bedford and Fall River. (cells 1,2,3,4,5)

A residential program that provides counseling and substance abuse treatment for women with children. Referrals come from drug court, probation, correctional facilities, and walk-ins.

- The New Bedford program provides housing for up to twenty women and four infants and an estimated 40 women and 8 children stay each year. Typically, for a period of three to twelve months.
- Up to nine women who complete this stage can join the Graduate Program and stay an additional two years.
- Most women have a dual diagnosis of substance abuse and mental illness.
- Family connections are facilitated by Department of Children and Families caseworkers, who can also help women work towards reunification with their children.
- Women living in the shelter provide support to each other, often forming a tight peer-group community.
- The program has a long waiting list.
- **The program costs \$84.00 per day**, and is funded by a mix of state agencies and private sources.

Women and Children's Program, Westborough (cells 3, 5)

The Giblin House, can hold 25 women and 15 children in two-room units. Women over the age of 18 with children of any age are accepted into the program. Women come to the facility from corrections, probation, and parole (women referred by probation must have closed cases).

- The average stay is 8-9 months, and women leave with detailed after-care plans.
- Women are permitted to go to work, and attend AA sessions and classes at local schools and colleges
- Some women with infants are referred from the Catch the Hope Program at MCI-Framingham (MCI-F),
- The staff of approximately nine women is trained in trauma-informed care.
- There is a waiting list.
- **The program costs \$133 per day**

Women in Transition Program, Essex County. (cell 4)

This is a county pre-release center for women who have served the majority of their sentences in MCI-F and are in pre-release status. The goal is to help women reenter their communities with support of community-based resources.

- The program serves about 130 women a year.
- Eighteen months after leaving the program over 60 percent of women had not been reconvicted.

ADCARE Criminal Justice Services (ACJS) (cell 3)

This agency has become the largest single provider of education, substance abuse treatment, reentry support, and life skills services to community corrections centers, including the only women's resource center, Suffolk County.

- AdCare also works with Sheriff's, Probation, Parole, and DOC in Essex, Barnstable, Suffolk, Hampshire, Bristol, and Worcester counties.
- Adcare is revising its intake instruments to make them more gender-responsive.
- **The more intensive counseling available in Community Corrections costs \$4,700 a year (compared with and regular probation at \$1,300 per year).**

Massachusetts Bail Fund (in formation)

The Massachusetts Bail Fund was founded in 2010 to assist people with bail and connect them with community resources. The program currently operates only in Suffolk County.

- The bail fund tracks case outcomes for those who post bail versus those who do not, and it advocates for bail reform, community education, and awareness building.
- Cost data not yet available.

Unmet Needs and Priorities¹

1. **Reduce the number of women pre-trial detainees held in MCI-F by providing more pre-criminal justice options (Cell 1) to ensure that where appropriate mother-child contact is maintained**
2. **Increase treatment opportunities pre-trial and during community sentences (cells 1,2,3) and beds in programs offering treatment for co-occurring mental illness and substance abuse; and increase spaces for children.**
3. **Providing judges and court personnel with information about programs and client results to increase referrals to programs.**
4. **Utilize pre-trial probation more frequently**
5. **Increase female caseloads at all community corrections offices. Increase accountability by disseminating data on clients, resource utilization and success rates for all ATI options.**

¹ See 2011 report for a more comprehensive list of challenges and recommendations, available from Erika Kates, Ph.D. ekates@wellesley.edu